



## HIV/AIDS, STD & TB Prevention VERMONT

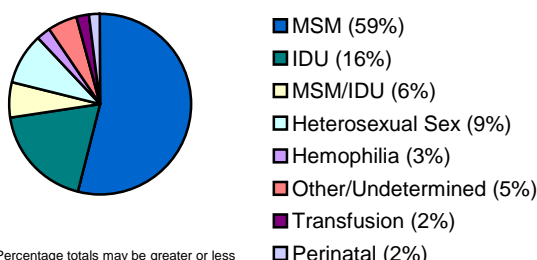
### HIV/AIDS Epidemic

Vermont reported 457 cumulative AIDS cases to CDC as of December 2003.

#### Cumulative Reported AIDS Cases by Mode of Exposure, through June 2005

\*N = 434

SOURCE: Vermont Department of Health

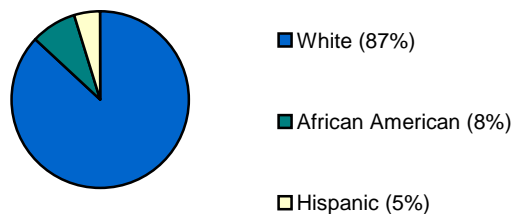


\*Percentage totals may be greater or less than 100 due to rounding or missing data.

#### Cumulative Reported AIDS Cases by Race/Ethnicity, through June 2005

\*N = 434

SOURCE: Vermont Department of Health



\*Percentage totals may be greater or less than 100 due to rounding or missing data.

### Sexually Transmitted Diseases (STDs)

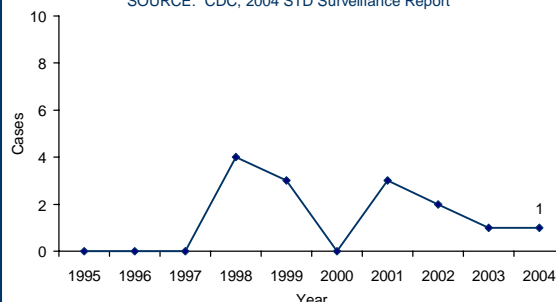
#### Syphilis

Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas. In Vermont, P&S syphilis cases increased from 0 cases in 1995 to 1 in 2004.

- Vermont ranked 48<sup>th</sup> among the 50 states with 0.2 cases of P&S syphilis per 100,000 persons.
- There were no congenital syphilis cases reported from 1995 to 2004.

#### P&S Syphilis Cases in Vermont, 1995-2004

SOURCE: CDC, 2004 STD Surveillance Report



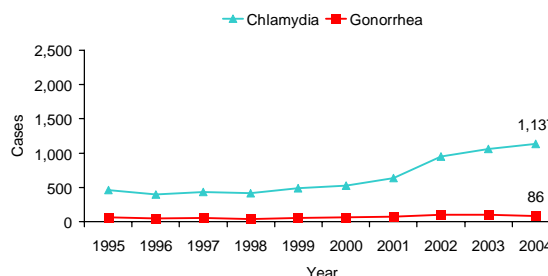
#### Chlamydia and Gonorrhea

Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease (PID), which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain.

- Vermont ranked 45<sup>th</sup> among the 50 states in chlamydial infections (183.6 per 100,000 persons) and 46<sup>th</sup> in the rate of gonorrhea infections (13.9 per 100,000 persons).
- Rates of chlamydia among Vermont women (273.3 cases per 100,000 females) were 3 times greater than those among Vermont men (90.8 cases per 100,000 males).

#### Chlamydia and Gonorrhea Cases in Vermont, 1995-2004

SOURCE: CDC, 2004 STD Surveillance Report

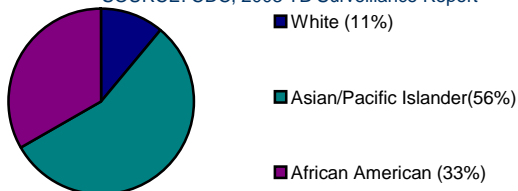


## Tuberculosis

### TB Cases by Race/Ethnicity, through 2003

N = 9

SOURCE: CDC, 2003 TB Surveillance Report



Although rates of tuberculosis (TB) infection in the U.S. have declined substantially since 1992, rates among foreign-born persons continued to increase. In 2003, Vermont reported

- ❑ The 42<sup>nd</sup> highest rate of TB in the U.S.
- ❑ A total of 9 TB cases with 56% affecting Asian/Pacific Islanders and 33% affecting Black/African American. In all, about 89% were among foreign-born persons.

## Program Initiatives Supported by CDC

### Human Immunodeficiency Virus (HIV/AIDS)

The Vermont Department of Health has an extensive network of AIDS services organizations (ASOs) and HIV-specific clinics for medical care around the state. The AIDS Program oversees the state's anonymous testing systems, offering low-cost HIV counseling and testing at 15 sites around the state.

### Sexually Transmitted Diseases (STDs)

Vermont's strategy for controlling STDs focuses on the early identification and appropriate treatment of all persons diagnosed with an STD, limiting further transmission and averting complications that may lead to chronic reproductive health issues. Vermont continues to create, maintain, and enhance liaison relationships with private providers, family planning clinics, and laboratorians to ensure timely identification and treatment of persons with chlamydia and gonorrhea: In excess of 95% of all persons diagnosed with gonorrhea and/or chlamydia are appropriately treated within 14 days of the positive test result.

### National Center for HIV, STDs & TB Prevention Funding to Vermont, 2005 (US\$)

HIV/AIDS	\$1,590,037
STDs	\$187,006
TB	\$110,248

### Tuberculosis (TB)

In 2004 Vermont reported six new cases of tuberculosis three less than was reported in 2003 for a case rate of 1.5 per 100,000 populations. Of the six individual diagnosed with TB, four were foreign-born. Directly Observed Therapy (DOT) continues as the standard of care for all cases of pulmonary TB in Vermont. In calendar year 2004 the Vermont Department of Health provided treatment to 159 individuals infected with latent TB infection.

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